

TVA RETIREMENT SYSTEM

Beneficiary Designation for the 401(k) Plan

SECTION 1 - PARTICIPANT INFORMATION			
Name (Last)	(First)	(Middle)	Social Security Number
Street Address	City/State		Zip
Phone Number (Area Code/Number)	Date of Birth (mm/dd/yyyy)	For TVARS Use Only	

SECTION 2 - PRIMARY BENEFICIARY OR BENEFICIARIES				
Name and Address of Each Primary Beneficiary	Soc. Sec. No.	Date of Birth	Relationship to Member	Portion to Each

SECTION 3 - CONTINGENT BENEFICIARY OR BENEFICIARIES				
Name and Address of Each Contingent Beneficiary	Soc. Sec. No.	Date of Birth	Relationship to Member	Portion to Each

SECTION 4 - SIGNATURE	
<p>I revoke any previous designation of beneficiary for the 401(k) Plan and designate the above beneficiary(ies) to receive my balance in the 401(k) Plan in the event of my death. I understand that if more than one primary beneficiary is named, the portion of any who may predecease me will be distributed equally among those surviving me unless otherwise indicated above. If no primary beneficiary survives me, the benefit will be paid to the contingent beneficiary. If no beneficiary survives me or remains qualified to receive payment, the balance of my account will be paid to my estate.</p>	
<div style="border-top: 1px solid black; margin-bottom: 10px; width: 80%; margin: 0 auto;"></div> Signature	<div style="border-top: 1px solid black; margin-bottom: 10px; width: 80%; margin: 0 auto;"></div> Date
<div style="border-top: 1px solid black; margin-bottom: 10px; width: 80%; margin: 0 auto;"></div> Signature of Witness (Other than Beneficiary)	<div style="border-top: 1px solid black; margin-bottom: 10px; width: 80%; margin: 0 auto;"></div> Date

Privacy Act Statement

The data you furnish to TVA will be used in administering the TVA Retirement System. This information will be placed in your TVA Retirement System file. This information may be shared with other federal agencies or congressional offices that have a need to know in connection with your application for a job, license, grant or other benefit. It may also be shared with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared with appropriate federal, state or local law enforcement agencies. While you are not required to supply all the information requested on this form, it may not be possible to process your elections if you fail to do so. The authority for requesting this data is the TVA Act.